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PTO/SB/30 (10-01)

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REQUEST

**FOR** 

CONTINUED EXAMINATION (RCE)

TRANSMITTAL

Address to: Commissioner for Patents Box RCE Washington, DC 20231

Application Number	09/544,662
Filing Date	April 6, 2000
First Named Inventor	Hauffeldt
Art Unit	2633
Examiner Name	Shi K. Li
Attorney Docket Number	064731.0134

This is a Request for Continued Examination (RCE) under 37 C.F.R. 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1.	Submission	on required under :	37 C.F.R. § 1.114							
••	a. □Previously submitted									
	i.		endment(s)/reply under	37 C.F.	R. 1.	116 previously filed on				
		(Any unentered amenda	ment(s) referred to above will be en	itered).						
	ii.  Consider the arguments in the Appeal Brief or Reply Brief previously filed on									
	iii. 🔲				-					
	b. ⊠ Encl i. ⊠	osed Amendment/Rep	alv.	iii. 🔲	Info	rmation Disclosure Statement (IDS)				
	_	Affidavit(s)/Decla		iv.		er				
2.	Miscellane		2.4.6.1.(0)		•	<u> </u>				
۷.										
						requested under 37 C.F.R. 1.103(c) for a				
			MONINS. (Period of suspension			3 months; Fee under 37 C.F.R. 1.117(i) required)				
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3.			.17(e) is required by 37 C.F.R 1.1							
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.

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FEE CALCULATION SHEET							
CLAIMS AS AMENDED							
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA	RATE	ADDITIONAL FEE	
Basic Rate	,					\$770.00	
Total Claims		-		=	x \$18 =	0.00	
Independent Claims		-		=	x \$84 =	0.00	
Total Fees (Small Entity)						0.00	
			TOTAL	FEE FOR T	HIS RCE	\$770.00	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED								
Name	(Print / Type)	Brian W. Oaks	Registration No. (Attorney/Agent)		39,522			
Signature	<	SAM	Date	April 26, 2004				

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